



**DEPARTMENT OF ENVIRONMENT AND CONSERVATION**  
**Division of Underground Storage Tanks**  
**Authorization for fund eligibility**  
4th Floor, L & C Tower  
401 Church Street  
Nashville, TN 37243-1541

**SECTION 1. FACILITY INFORMATION**

Facility ID No. \_ - \_ \_ \_ \_ \_ Location \_\_\_\_\_  
Street City Zip Code  
\_\_\_\_\_  
Facility Name Operator Name ( ) Phone

**SECTION 2. RESPONSIBLE PARTY INFORMATION**

Name \_\_\_\_\_ (SS#/FIN#)  
Address \_\_\_\_\_ Contact Person \_\_\_\_\_  
City State Zip Code ( ) Phone  
Applicant Type: Tank owner ( ) Property Owner ( )  
Operator ( ) Other (describe) \_\_\_\_\_  
Date Facility was Purchased \_\_\_\_\_ Number of USTs operated in Tennessee \_\_\_\_\_

**SECTION 3. DISCOVERY OF CONTAMINATION**

Date Contamination Discovered \_\_\_\_\_ Date Reported to UST \_\_\_\_\_  
What Events Led to Discovery? Release Detection ( ) Inventory Control ( ) Closure ( ) Off-Site Impact ( )  
Free Product or Vapors Present ( ) Other (describe) \_\_\_\_\_  
\_\_\_\_\_

**SECTION 4. POLLUTION LIABILITY COVERAGE**

Do you have pollution liability coverage other than the State Fund? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, name of company and policy number \_\_\_\_\_  
**Costs recovered by private insurance for containment, investigation or corrective action will not be reimbursed by the Fund.**

**SECTION 5. CONTRACTOR/CONSULTANT INFORMATION**

\_\_\_\_\_  
Company Name License No. (SS#/FIN#)

\_\_\_\_\_  
Contact Person Phone

**ATTACH COPY OF CONTRACTUAL AGREEMENT WITH CONTRACTOR  
FAILURE TO SUBMIT CONTRACT MAY RESULT IN NONPAYMENT FROM REIMBURSEMENT FUND**

**SECTION 5. CONTINUED ---CONTRACTOR/CONSULTANT INFORMATION**

\_\_\_\_\_  
Company Name License No. (SS#/FIN#)

\_\_\_\_\_  
Contact Person Phone

**ATTACH A COPY OF THE CONTRACTUAL AGREEMENT WITH THE CONTRACTOR  
FAILURE TO SUBMIT CONTRACT MAY RESULT IN NONPAYMENT FROM REIMBURSEMENT FUND**

**SECTION 6. APPLICANT CERTIFICATION**

Submitting false information to obtain reimbursement from the Underground Storage Tank Petroleum Fund may result in criminal prosecution. I agree to be reimbursed from the Fund for costs the State deems to be reasonable and necessary. I certify all information on this application is correct and accurate to the best of my knowledge.

\_\_\_\_\_  
Print or Type Applicant's Name Applicant's Title

\_\_\_\_\_  
Applicant's Signature Date

**DO NOT WRITE BELOW THIS LINE - FOR TENNESSEE UST PERSONNEL ONLY**

Reviewer's Signature: \_\_\_\_\_ Date \_\_\_\_\_

Fund Eligibility has been:    Approved (    )    Denied (    )

Authorization Number Assigned \_\_\_\_\_